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CONFIRMATION NO. 7964

<b>SERIAL NUMBER</b> 10/656,592	<b>FILING OR 371(c) DATE</b> 09/04/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> ILIFF.2CPICICID
<b>APPLICANTS</b> Edwin C. Iliff, La Jolla, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/924,216 08/07/2001 PAT 6,641,532 which is a CON of 09/326,971 06/07/1999 PAT 6,270,456 which is a CON of 08/893,402 07/11/1997 PAT 5,935,060 which claims benefit of 60/021,614 07/12/1996 and claims benefit of 60/021,615 07/12/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/29/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 33
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 20995				
<b>TITLE</b> COMPUTERIZED MEDICAL DIAGNOSTIC SYSTEM UTILIZING LIST-BASED PROCESSING				
<b>FILING FEE RECEIVED</b> 934	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	